



Office of the Building Official
P.O. Box 427
Herndon, VA 20172-0427
(703) 435-6850 Phone
(703) 318-8492 Fax

New Residential Building Permit Application		PERMIT #: _____								
<p><u>Site Location:</u></p> <p>Address: _____</p> <p>Model Type: _____ Lot# _____</p> <p><u>Owner Information:</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone Number: _____</p> <p><u>Architect/Engineer:</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>License #: _____ Exp. _____</p> <p><u>Contractor Information:</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>State License#: _____ Exp: _____</p> <p>Phone Number: _____</p>	<p><u>Project Information:</u></p> <p>Est. Construction Cost: \$ _____</p> <p>Building Height: _____ # of Kitchens: _____</p> <p># of Stories: _____ # of Rooms: _____</p> <p># of Bedrooms: _____ # of Bathrooms: _____</p> <p>Roof Type: _____ Garage: _____</p> <p>Basement Finished: _____</p> <p>Water Meter Size: _____</p> <p>Total Square Footage: _____</p> <p>Footprint Square Footage: _____</p> <p><u>Lien Agent Information:</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone Number: _____</p> <p><u>Submitter Information:</u></p> <p>Name: _____</p> <p>Phone Number: _____</p> <p>Fax Number: _____</p>									
<p>I hereby certify that I have the authority to make this application, that the information given is correct, and that use and construction shall conform to County Health Regulations, Building and Zoning Ordinances, and private deed restrictions, if any, which are imposed on the property. Furthermore, I certify that all materials used for work performed under this permit will be paid directly to the supplier by the property owner, and that all compensation will be on an hourly basis and paid by the property owner directly to the person(s) performing work under this permit.</p>										
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;"></td> <td style="width: 15%; border-bottom: 1px solid black;"></td> <td style="width: 33%; border-bottom: 1px solid black;"></td> <td style="width: 19%; border-bottom: 1px solid black;"></td> </tr> <tr> <td>Signature Contact, Owner or Authorized Agent</td> <td>Date</td> <td>Phone Number</td> <td>Print Name</td> </tr> </table>							Signature Contact, Owner or Authorized Agent	Date	Phone Number	Print Name
Signature Contact, Owner or Authorized Agent	Date	Phone Number	Print Name							

RETURN THIS COMPLETED APPLICATION TO THE OFFICE OF THE BUILDING OFFICIAL FOR ISSUANCE OF A BUILDING PERMIT